

List the names of all current licensed employees. If an individual has already been included on the licensed owner/officer/director list, there is no need to also include him/her on the licensed employee list. For each licensed employee, please provide his/her Georgia insurance license number. Please enter only one character in each box. All employees (including support staff) must be listed regardless of whether they are directly involved in transacting insurance business. Employees who do not hold a Georgia insurance license should be listed on the page titled **Agency List of Unlicensed Employees**. Mark an X in the appropriate box to indicate whether the licensed employee is an addition to the list or to be deleted from future lists. If there are more licensed employees than fit on this page, feel free to photocopy and attach additional pages. To expedite the processing of your application, be sure to fill in the page counter and total count for this particular list, at the bottom of this page.

Print the agency's name (exactly as it appears on the license application or renewal form – not the DBA or trade name), license number, and FEIN (tax ID number) or SSN in the boxes provided. If submitting a first time agency application, leave the license number and prefix blank until it is assigned.

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| Agency Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| License Prefix and Number | | | | | | | | | | FEIN or Social Security Number * | | | | | | | | | | | | | | | | | | | |

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| Last Name | | | | | | | | | | First Name | | | | | | | | | | MI | | Suffix (Jr., etc.) | | | | | | | | | |
| Title | | | | | | | | | | License Prefix and Number | | | | | | | | | | Social Security Number * | | | | | | | | | | | |
| <input type="checkbox"/> Add | | | | | | | | | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | |

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| Last Name | | | | | | | | | | | | | | | First Name | | | | | | | | | | MI | | Suffix (Jr., etc.) | | | | | | | | | |
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| Last Name | | | | | | | | | | First Name | | | | | | | | | | MI | | Suffix (Jr., etc.) | | | | | | | | | |
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| Last Name | | | | | | | | | | | | | | | First Name | | | | | | | | | | | | | | | MI | | Suffix (Jr., etc.) | | | | | | | | | | | | | | |
| Title | | | | | | | | | | | | | | | License Prefix and Number | | | | | | | | | | | | | | | Social Security Number * | | | | | | | | | | | | | | | | |
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| Last Name | | | | | | | | | | First Name | | | | | | | | | | MI | | Suffix (Jr., etc.) | | | | | | | | | |
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| <input type="checkbox"/> Add | <input type="checkbox"/> Delete |
| Last Name | First Name MI Suffix (Jr.,etc.) |
| Title | License Prefix and Number Social Security Number * |

* SSN or FEIN are not required; however, failure to provide these identification numbers may result in a delay in processing your application.

PLEASE PHOTOCOPY AND ATTACH ADDITIONAL FORMS AS NEEDED

Total number of *licensed* employees listed on this plus attached forms:

PAGE: _____ of _____ PAGE(S)